

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999085197

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): KORODY-COLYER INC Code No. Pick up Address: 445 N MARINE BLVD WILMINGTON Code No. Telephone Number: (313) 630-0350 P.O. or Contract No.: Order Placed By: BOB HANSEN Date: 4-28-80Type of Process
which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling--Code No.
wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | |
|--|---|
| 1. <input type="checkbox"/> Acid solution | 8. <input type="checkbox"/> Tank bottom sediment |
| 2. <input type="checkbox"/> Alkaline solution | 9. <input checked="" type="checkbox"/> Oil |
| 3. <input type="checkbox"/> Pesticides | 10. <input type="checkbox"/> Drilling mud |
| 4. <input type="checkbox"/> Paint sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent | 12. <input type="checkbox"/> Cannery waste |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Latex waste |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input checked="" type="checkbox"/> Mud and water |
| | 15. <input type="checkbox"/> Brine |

☐ Other (Specify) Code No.

Components:

(Examples: Hydrochloric acid, lime, caustic soda,
phenolics, solvents (list), metals (list),
organics (list), cyanide)

	Upper	Lower	%	ppm
1. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
2. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
3. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
4. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
5. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
6. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Hazardous Properties of Waste:

pH ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 500 ☐ gal ☐ tons ☐ barrels ☐ other (specify)

Containers: (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)

Physical State: ☐ solid ☐ liquid ☒ sludge ☐ other (specify)

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping Code No. Business Address: P.O. Box 59389 L.A. Calif 90059Telephone Number: 757-1855 Pick Up: (Date) Time: State Liquid Waste Hauler's Registration No. (if applicable): Job No.: 01373 No. of Loads or Trips: Unit No.: Vehicle: ☒ vacuum truck barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Montgomery Park, Calif. 91774 Code No. Site Address:

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RMQCB requirements, State Department of Health regulations and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

Handling Method(s):

- ☐ recovery
- ☐ treatment (specify):
- ☐ disposal (specify): (Examples: incineration, neutralization, precipitation)--Code No.
- ☐ pond ☐ spreading ☐ landfill ☐ injection well
- ☐ other (specify)

If waste is held for disposal elsewhere specify final location: Disposal Date: 4-28-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

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